## **Lab-specific Radiation Safety Training**

## **UNIVERSITY OF BRITISH COLUMBIA - RADIATION SAFETY PROGRAM**

Please check off each training item that has been completed, adding notes where appropriate for special lab procedures. The supervisor's signature <u>is required</u> on this document. Place the completed form and the trainee's Radiation Safety Course Certificate in the laboratory's Radiation Records binder.

	Trainee:				
		Name			Date
	Supervisor:				
		Name			Date
1.	Records binder:		2.	Use of scintillation	counter:
	Location:			Settings:	
	Blank forms:			Vials:	
	Other:			Fluid:	
				Other:	
3.	Use of survey meter		4.	Locations of isotop	oe storage
	Battery check:			Refrigerators:	
	O = = 14114			Freezers:	
	Other:			Other:	
5.	Waste Disposal		6.	Personal Protective	e Equipment
	Liquid waste:			Lab coats:	
	Disposal Records:			Gloves:	
	Decay room:			Eye protection:	
	Other:			Shielding required:	